



Please type a plus sign (+) inside this box →

11 C

2P/17521

PTO SB 021 (08-00)

Approved for use through 10-31-2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10,024,167	
	Filing Date	December 18, 2001	
	First Named Inventor	Alfred E. KELLER et al.	
	Group Art Unit	1754	
	Examiner Name		
Total Number of Pages in This Submission	*	Attorney Docket Number	1856-0950

RECEIVED
APR 24 2003
GROUP 1700

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment <i>(for an application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none">• Supplemental Application Data Sheet (4 p.)• Postcard
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Or Individual Name	Carol G. Mintz, PTO Reg. No. 38,561
Signature	<i>Carol G. Mintz</i>
Date	April 23, 2003

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: April 23, 2003.	
Typed or Printed Name	Frances Hampton
Signature	<i>Frances Hampton</i>
Date	April 23, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, D.C. 20231. DO NOT SENT FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, D.C. 20231. 100204.01-1856-09501

Supplemental Application Data Sheet

RECEIVED
APR 30 2003
GROUP 1700

APPLICATION INFORMATION

Application Number:: 10/024,167
Filing Date:: 12/18/2001
Application Type:: Regular
Subject Matter:: Utility
Title:: SHORT CONTACT TIME CATALYTIC
SULFUR RECOVERY SYSTEM FOR
REMOVING H₂S FROM A WASTE GAS
STREAM
Attorney Docket Number:: 1856-09501 (#98/002)
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 3A
Total Drawing Sheets:: 5
Small Entity?:: No
Licensed US Govt. Agency:: No
Contract or Grant Numbers:: No

APPLICANT INFORMATION

Applicant Authority type:: Inventor
Primary Citizenship
Country:: US
Status:: Full Capacity
Given Name:: Alfred E.
Family Name:: KELLER
Name Suffix::
City of Residence:: Ponca City
State or Province of Residence:: OK
Country of Residence:: US
Street of mailing address:: 2 Sharon Place

City of mailing address::	Ponca City
State or Province of mailing address::	OK
Country of mailing address::	US
Postal or Zip Code of mailing address::	<u>74604</u>
Applicant Authority type::	Inventor
Primary Citizenship	
Country::	India
Status::	Full Capacity
Given Name::	Sriram
Family Name::	RAMANI
Name Suffix::	
City of Residence::	Ponca City
State or Province of Residence::	OK
Country of Residence::	US
Street of mailing address::	<u>2917 Canterbury Avenue</u>
City of mailing address::	Ponca City
State or Province of mailing address::	OK
Country of mailing address::	US
Postal or Zip Code of mailing address::	<u>74604</u>
Applicant Authority type::	Inventor
Primary Citizenship	
Country::	US
Status::	Full Capacity
Given Name::	Joe D.

Family Name:: ALLISON
Name Suffix::
City of Residence:: Ponca City
State or Province of Residence:: OK
Country of Residence:: US
Street of mailing address:: 2412 Woodthrush Road
City of mailing address:: Ponca City
State or Province of
mailing address:: OK
Country of mailing
address:: US
Postal or Zip Code of
mailing address:: 74604

Applicant Authority type:: Inventor
Primary Citizenship
Country:: US
Status:: Full Capacity
Given Name:: Terry D.
Family Name:: PRUITT
Name Suffix::
City of Residence:: Ponca City
State or Province of Residence:: OK
Country of Residence:: US
Street of mailing address:: 1800 Richway Dr.
City of mailing address:: Ponca City
State or Province of
mailing address:: OK
Country of mailing
address:: US
Postal or Zip Code of
mailing address:: 74601

**CORRESPONDENCE INFORMATION**Correspondence Customer Number:: 35181**RECEIVED**
APR 30 2003
GROUP 1700**REPRESENTATIVE INFORMATION**Representative Customer Number:: 35181**DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Claims Benefit of	60/256,285	December 18, 2000
And is a	Continuation in Part of	09/742,999	December 20, 2000
Which is a	Continuation in Part of	09/625,710	July 25, 2000
Which	Claims Benefit of	60/146,636	July 30, 1999

ASSIGEE INFORMATION

Assignee name:: Conoco Inc.
Street of mailing address:: 600 North Dairy Ashford
City of mailing address:: Houston
State or Province of
mailing address:: TX
Country of mailing
Address:: US
Postal or Zip Code of
mailing address:: 77079